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## APPLICANTS

JAMES WICHELMAN, FORT COLLINS, CO;

BRUCE VOTIPKA, FORT COLLINS, CO;

ERIC N. FLINK, LOVELAND, CO; CRAIG CHAMBERLAIN, LOUISVILLE, CO;

\*\* CONTINUING DATA \*\*\*\*\*

- NONE - AG

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

- None - AC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.

\*\* 01/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 59	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>Ante...</i>	Initials AG		

## ADDRESS

22878

AGILENT TECHNOLOGIES, INC.

INTELLECTUAL PROPERTY ADMINISTRATION, LEGAL DEPT.

P.O. BOX 7599

M/S DL429

LOVELAND, CO

80537-0599

## TITLE

MONITORING SYSTEM AND METHOD IMPLEMENTING FAILURE TIME SPECTRUM SCAN

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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